

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Quality Assurance Division – Licensure Bureau

2401 Colonial Drive

PO Box 202953

Helena MT 59620-2953

FAX: (406) 444-1742

SKILLED NURSING AND NURSING FACILITY LICENSE APPLICATION

Initial Application ☐

Change of Ownership ☐

Facility Name: _____

Facility Street Address: _____ PO Box: _____

City: _____ Zip: _____ County: _____

Facility Telephone Number: _____ FAX: _____

Facility E-mail / Web page address: _____

Administrator: _____ License Number: _____

Director of Nursing: _____ License Number: _____

Name of Applicant: _____

Applicant Address: _____

City: _____ State & Zip: _____

Applicant or contact e-mail address: _____

Owner, if different from Applicant: _____

Owner address: _____

City: _____ State & Zip: _____

Floor Plan is: ☐ New Construction ☐ Existing Structure ☐ Addition ☐ Remodeled

Operating Organization: ☐ State ☐ Individual ☐ Partnership ☐ Church ☐ Corporation ☐ Association

Application for a license of operate a Skilled Nursing Facility or a Nursing Facility, is hereby submitted under the provisions of §50-5-101 through §50-5-331, MCA in the following classifications:

☐ Title 18 SNF, Medicare Only Number of beds _____

☐ Title 18/19 SNF, Medicare & Medicaid Number of beds _____

☐ Title 19 NF, Medicaid Only Number of beds _____

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Information on ownership, contract or lease agreement if operated by a person other than the owner:

- ◆ If a partnership, firm or association, list every member thereof.
- ◆ If a corporation, list the names and address thereof and the names of its officers.

NAME

ADDRESS

(Please attach additional sheets as needed.)

List name, type of profession and license number of all licensed professionals employed by your Facility:

NAME

LICENSE TYPE

LICENSE NO.

(Please attach additional sheets as needed.)

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Check the following if they are correct:

☐ The applicant or any person managing have never been convicted of a felony. Section 50-5-207 (c).

50-5-207 MCA. Denial, suspension, or revocation of health care facility license – provisional license. (c) The applicant or any person managing it has been convicted of a felony and denial of a license on that basis is consistent with **37-1-203 MCA** or the applicant otherwise shows evidence of character traits inimical to the health and safety of patients or residents.

☐ The applicant and managing personnel have never been denied a license. Section 50-5-207 (c) including stipulations of Section 37-1-203.

37-1-203 MCA. Conviction not a sole basis for denial. Criminal convictions shall not operate as an automatic bar to being licensed to enter any occupation in the state of Montana. No licensing authority shall refuse to license a person solely on the basis of a previous criminal offense and such criminal offense relates to the public health, welfare, and safety as it applies to the occupation for which the license is sought, the licensing agency may, after investigation, find that the applicant so convicted has not been sufficiently rehabilitated as to warrant the public trust and deny the issuance of a license.

☐ The applicant has the financial ability to operate the facility in accordance with law or rules or standards adopted by the Licensure Department. Section 50-5-207 (d).

Application for license for a Skilled Nursing Facility or a Nursing Facility is hereby submitted under the provision of Section 50-5-101 through 50-5-331. (see attached)

Signed: _____ Date: _____

Title: _____

Address: _____

City: _____ State & Zip: _____

Enclose a check or money order payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:
(a) facilities with 20 or less beds = \$20.00
(b) facilities with 21 or more beds = \$1.00 per bed
This fee will be deposited in the State Treasury and is non-refundable.

For additional information, please refer to the following Web Pages:

<http://www.dphhs.mt.gov>
<http://dphhs.mt.gov/qad/licensingcertification.shtml>
<http://dphhs.mt.gov/legalresources/administrativerules/index.shtml>
http://data.opi.mt.gov/bills/mca_toc/index.htm